

Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
_____,
Plaintiff(s),
vs.
_____,
_____,
Defendant(s).

CASE NO. _____

MEMORANDUM OF COSTS

STATE OF IDAHO)
County of _____ : ss

I swear under oath:

That I am the above named Plaintiff; that to the best of my knowledge and belief the items of costs and in this action are correct and necessarily incurred in this action.

That I have read the Complaint filed in this action and know the contents; that the allegations are true to the best of my knowledge; that the Defendant(s) is/are not minor(s) nor incompetent; that the Defendant(s) was/were properly served, and now owe to the Plaintiff(s) the following amount:

FILING FEE	\$ _____
SERVICE OF PROCESS	\$ _____
OTHER	\$ _____
TOTAL	\$ _____

DATE: _____

Plaintiff

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20____.

Notary Public for Idaho

Residing at _____

Commission Expires: _____

MEMORANDUM OF COSTS
CAO Cv 7-7